

**NONPROVISIONAL PATENT APPLICATION**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**OLIFF & BERRIDGE, PLC**

Attorney Docket No.: 106996

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Date: August 27, 2001

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**BOX PATENT APPLICATION**

Customer Number: 25944

**NONPROVISIONAL APPLICATION TRANSMITTAL  
RULE §1.53(b)**

Director of the U.S. Patent and Trademark Office  
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title): METHODS OF THROMBOLYTIC ORGAN TREATMENT AND REPAIR

By (Inventors): Frederick A. GAGE; Debra J. BATTJES SILER

- ☐ Formal drawings (Figs. \_\_\_\_\_; \_\_\_\_\_ sheets) are attached.  
☐ Use Figure \_\_\_\_\_ for front page of Publication.  
☒ A Declaration and Power of Attorney is filed herewith.  
☒ This patent application is assigned to ORGAN RECOVERY SYSTEMS, INC.  
☒ The executed Assignment is filed herewith.  
☐ An Information Disclosure Statement is filed herewith.  
☒ Entitlement to small entity status is hereby asserted.  
☒ A Preliminary Amendment is filed herewith.  
☐ Please amend the specification by inserting before the first line the sentence --This nonprovisional application claims the benefit of U.S. Provisional Application No. \_\_\_\_\_, filed \_\_\_\_\_--  
☐ Priority of foreign application(s) No. \_\_\_\_\_ filed \_\_\_\_\_ in \_\_\_\_\_ is claimed (35 U.S.C. §119).  
☐ A certified copy of the above corresponding foreign application(s) is filed herewith.  
☐ This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.  
☒ The filing fee is calculated below:

**CLAIMS IN THE APPLICATION AFTER ENTRY OF  
ANY PRELIMINARY AMENDMENT NOTED ABOVE**

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	43 - 20	= 23
INDEP CLAIMS	3 - 3	= 0
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED		

\* If the difference is less than zero, enter "0".

**SMALL ENTITY**

RATE	FEE
	\$ 355
x 9 =	\$ 207
x 40 =	\$
+ 135 =	\$
<b>TOTAL</b>	<b>\$ 562</b>

**OTHER THAN A  
SMALL ENTITY**

RATE	FEE
	\$ 710
x 18	\$
x 80	\$
+ 270	\$
<b>TOTAL</b>	<b>\$</b>

- ☒ Check No. 122140 in the amount of \$562 to cover the filing fee is attached. Except as otherwise noted herein, the Director is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

*[Signature]*  
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